

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09/117 357  
APPLICANT(S)

FILING DATE

2-6-06

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
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30					1	
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33						
34				1		
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42						
43						
44					1	
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	15					

		2-6-06	
IND.	DEP.	IND.	DEP.
61	/		
62	/		
63	/		
64	/		
65			
66			
67			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP:		15	
TOTAL CLAIMS		21	

BEST AVAILABLE COPY